



14201 Metcalf Ave. Overland Park, KS 66223 (913) 814-9494 www.LionsGateChiro.com

CONSENT TO TREAT A MINOR CHILD

I, (*Parent/Guardian*) _____ am the parent/legal guardian of (*Minor*) _____. I hereby authorize (*check one or all*) Dr. Thomas Forbach Dr. Rodney Smith Dr. Sanam Bezanson to provide chiropractic care and treatment to my minor child and whomever is designated as assistants to administer chiropractic care as deemed necessary to my child. I understand the scope of chiropractic services provided, and I acknowledge that I am fully informed about the risks and benefits.

Patient Name: (*print*) _____ Date: _____

Signature: (*parent or guardian*) _____